

F In the discussion upon this paper, Zweifel reported a case in which a pregnant woman having a brain tumor was thought to be dying at the termination of pregnancy. She had high fever and had been for some time unconscious; the child was removed by Cæsarean section with the hope of saving its life. It was, however, dead, and upon autopsy ecchymoses were found throughout all the serous membranes. Zweifel believes that operation should be done in all cases where the mother is fatally ill, with the hope of saving the child.

Myasthenia Complicating Pregnancy and Resulting in Cæsarean Section.—GEMMELL (*Journal of Obstetrics of the British Empire*, April, 1905) reports the case of a married woman, aged twenty-five years, who, during a pregnancy, had progressive muscular weakness, which was diagnosed as severe myasthenia. The muscles were all weak, even those supplying the organs of the special senses acted very deficiently. The patient's condition became so bad that it was impossible for her to perform the most trivial acts for herself without the greatest exhaustion and alarming dyspnoea.

On admission to the hospital she had repeated attacks of dyspnoea and slept but very little. As the patient continued to grow worse, it was decided to deliver her by Cæsarean section, with the hope that she would improve. The operation was successful and the patient recovered from it without infection. She recovered some time after the operation, but continued to be helpless. The child was well nourished. After leaving the hospital her attacks of dyspnoea ceased. There was no other considerable improvement.

Thirty Cases of Cæsarean Section.—In the *American Journal of Obstetrics*, June, 1905, KERR, of Glasgow, publishes a paper reporting 30 cases of Cæsarean section. His mortality was 2 deaths, 6.6 per cent.; other figures give a mortality from 6.8 to 8 per cent. One of Kerr's fatal cases resulted from hemorrhage; at its autopsy several of the catgut uterine sutures were untied. His second fatal case resulted from septic infection, as the patient had been in the hospital but a short time before delivery. There was a morbidity of 26.6 per cent.; 1 patient having mitral disease and suffering greatly from bronchitis, while another had pleuropneumonia; 2 patients had foul lochia, with fever and rapid pulse, and were given intrauterine douches. One case had double parotitis; in 1 case suppuration occurred about the uterus, and free incisions were made in the cellular tissue. This was a case of celiohysterectomy, in which the stump was dropped. The patient was very ill for a time, but after the incisions and discharge of pus occurred she recovered.

Kerr cleansed the vagina very thoroughly before he operated. In his cases he had 23 in which the uterus was retained, with 2 deaths, a mortality of 9.8 per cent. In 7 cases, in which the uterus was removed and the stump dropped, there were no deaths. The morbidity in the first series was 28 per cent., and in the latter series 25 per cent. He believes that hysterectomy is the safer operation.

He believes that resection of the tubes should be performed in emergencies where the operator has not sufficient assistance and must operate in a private house. Kerr has had 1 case of rupture of the uterus through a fundal scar after a former Cæsarean section; the patient was operated upon the second time with a good recovery.

In operating he uses lysol to cleanse the vagina and during operation normal salt solution for his hands and swabs. He has as few assistants as possible to come in contact with the patient. In multiparæ he does not wait for labor to begin. In primiparæ, if the uterus is to be retained, he waits until there is sufficient dilatation to secure drainage. If the uterus is to be removed, it can be opened most conveniently upon transverse incision. In one case only has he seen the uterus remain without contracting after it was emptied. If the membranes have ruptured before the operation, the uterus should be turned out of the abdomen before it is opened. For suture in the uterus, he prefers catgut, because in two cases where he used silk stitch infection followed, and patients were annoyed by discharging sinuses.

Rapid Dilatation of the Cervix.—DE SEIGNEUX, of Geneva (*Zentralblatt für Gynäkologie*, 1905, No. 23), illustrates his metal dilator and recommends its use. He also reports seven cases delivered by this method.

The instrument resembles Bossi's dilator, but the blades open in four directions. One of these blades bends downward and outward toward the operator; another downward and backward away from him, while two lateral blades open at right angles on each side. The instrument seems to have some advantages over Bossi's dilator, and is worthy of trial.

Cæsarean Section Late in Labor.—HOLMES (*American Journal of Obstetrics*, June, 1905) reports the case of a primipara with contracted pelvis who had long been in labor and in whom forceps had been applied twice in the endeavor to deliver the child. The patient's pulse was 120 to 130, the temperature normal, and the right parietal bone presenting. The fetal heart sounds were 140, strong and regular. Pads and sponges were improvised and boiled for an hour. The abdomen was opened, the uterus turned out, and the child delivered by anterior incision. The placenta was on the anterior uterine wall and escaped as the uterus was opened. A rubber tube was placed about the cervix, as there were few assistants and some hemorrhage. The uterus was closed with catgut, and four silk sutures were added in addition. Salt solution was given subcutaneously during the operation.

The patient's pulse was 150 at the conclusion of the operation, but gradually declined, and the highest temperature was 101° at the end of the first day. The lower angle of the abdominal wound did not unite by first intention, but pus was not present. The patient did not nurse her child.

The child weighed eight pounds, and its head showed evidence of pressure by the pelvis and by the forceps.

He reports another case in which a patient with contracted pelvis was admitted to a hospital after she had been sometime in labor. The patient would not make a decision as to the choice of operation, and finally Cæsarean section was performed after the patient had been in labor forty-eight hours. She died of peritonitis.

The author believes that in the first case reported the uterus should have been removed and that a ligature should not have been placed about the cervix; in the second case he believes that no choice as to the kind of operation should have been presented to the patient and her family, but that Cæsarean section alone should have been urged.